

ATTACHMENT D**FY19 PACIFIC LEADERSHIP ACADEMY
Application Form****Due: 04 August 2018**

Please check the program you are registering for: Check SLP or ELP

Senior Leaders Program – FY19:**Emerging Leaders Program – FY19 :**

Applicant's Priority:

(If submitting more than one applicant from your organization, please prioritize applicants)

NOMINEE INFORMATION

APPLICANT'S NAME

POSITION/TITLE:

GRADE/RANK:

AGENCY (SPELL OUT):e.g., (Defense Logistics Agency, Defense Energy Support Center, Pacific)

APPLICANT'S OFFICE ADDRESS:

APPLICANT'S HOME ADDRESS:

*OFFICE PHONE:

*CELL:

*FAX:

OFFICE EMAIL:

HOME EMAIL:

*No DSN telephone numbers if possible

FUNDING APPROVAL

Comptroller or other authorized agency official must sign below certifying funding is available for the training.

Name of Person Certifying Funding:

Signature:

Credit Card holder responsible for payment: Name:

Telephone Number:

Email address: _____

Invoice required? YES ☐ NO ☐**SPECIAL REQUIREMENTS**

E.g., sign language interpreter, large print, handicap accommodations, etc.

*Individual needs:

Preferred Name or Nickname for Badges/Name Tags:

Number of Years in Your Present Department:

Number of Years in Federal Service:

Number of Years in Management Position:

Number of People You Manage:

Briefly describe your duties:

What are your goals and/or objectives in attending the Pacific Leadership Academy?

What do you consider your highest responsibility, skill or career achievement to date?			
Principal positions held during the previous five years: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Agency/Organization</u></td> <td style="text-align: center; width: 33%;"><u>Type of Organization</u></td> <td style="text-align: center; width: 33%;"><u>Your Title</u></td> </tr> </table>	<u>Agency/Organization</u>	<u>Type of Organization</u>	<u>Your Title</u>
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Highest degree or academic grade completed:			
Previous management/leadership courses taken in the last 5-10 years:			

This program requires 100 percent attendance and satisfactory completion of all program requirements (e.g. assessments, Individual Action Plans, final papers, etc.). Both the nominee and supervisor or representative must sign the agreements below:

1. Applicant's commitment to 100 percent attendance and completion of program requirements.

_____ Applicant's Signature	_____ Date
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2. Supervisor's commitment to support 100 percent participation and attendance.

_____ Supervisor's Signature	_____ Date
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Supervisor's Name (Print or Type) _____

Supervisor's Telephone #: _____

Supervisor's email: _____

PRIVACY STATEMENT: This information will be available only to the Academy Program Manager, Program Administrator and the Fellow's assigned IAP Consultant.
Email Completed/Signed Application to: christopher.conklin2@navy.mil NLT 04 August 2018